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Substitute for Form PTO-875

Application or Docket Number


10/753 7/3

(Column 1) (Column 2)

		(Column 1)	(Column 2)
FOR	NUMBER FILED	NUMBER EXTRA	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			
SEARCH FEE (37 CFR 1.16(k), (l), or (m))			
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			
TOTAL CLAIMS (37 CFR 1.16(i))		minus 20 =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))		minus 3 =	
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))			

* If the difference in column 1 is less than zero enter 0 in column 2.

(Column 1)	(Column 2)	(Column 3)
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
25	26	27
28	29	30
31	32	33
34	35	36
37	38	39
40	41	42
43	44	45
46	47	48
49	50	51
52	53	54
55	56	57
58	59	60
61	62	63
64	65	66
67	68	69
70	71	72
73	74	75
76	77	78
79	80	81
82	83	84
85	86	87
88	89	90
91	92	93
94	95	96
97	98	99
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103	104	105
106	107	108
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112	113	114
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148	149	150
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154	155	156
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226	227	228
229	230	231
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235	236	237
238	239	240
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244	245	246
247	248	249
250	251	252
253	254	255
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259	260	261
262	263	264
265	266	267
268	269	270
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274	275	276
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307	308	309
310	311	312
313	314	315
316	317	318
319	320	321
322	323	324
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334	335	336
337	338	339
340	341	342
343	344	345
346	347	348
349	350	351
352	353	354
355	356	357
358	359	360
361	362	363
364	365	366
3		

AMENDMENT A	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESER- VED
10/14/05	Total (37 CFR 1.51)	23	10000	21	2
	Interference (37 CFR 1.52)	10	10000	5	5
Application Serial No. (37 CFR 1.101)					
<div style="text-align: right;">  </div>					

SMALL ENTITY	
RATE (\$)	ADDITIONAL FEE (\$)
25 =	
100 =	
TOTAL	
ADDITIONAL FEE	

OF

OTHER THAN
SMALL ENTITY

SMALL ENTITY	
RATE (\$)	ADDITIONAL FEE (\$)
x 50 =	100
x 200 =	1000
TOTAL ADD'L FEE	

AMENDMENT B	CLASS				FEE	TOTAL FEE	DATE PAID
	CLASS	NUMBER	DATE	AMOUNT			
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
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74	74	74	74	74	74	74	74
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94	94	94	94	94	94	94	94
95	95	95	95	95	95	95	95
96	96	96	96	96	96	96	96
97	97	97	97	97	97	97	97
98	98	98	98	98	98	98	98
99	99	99	99	99	99	99	99
100	100	100	100	100	100	100	100

RATE (\$)	ADDITIONAL FEE (\$)
•	
•	

TOTAL
DUE: \$

5.15

RATE (%)

ADDITIONAL
FEE (\$)

RATE (\$)	ADDITIONAL FEE (\$)
• =	
• =	
TOTAL	
AMOUNT	

616

The highest number of money paid for the... and the appropriate box in column 1.
 The...
 USPTO...
 and to be...
 ATTENTION: SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450